

# Asthma Care in Child Care Facilities

A survey administered by the Utah Department of Health in  
Collaboration with the American Lung Association of Utah



It is preferred that the facility director or assistant director complete this survey. However, if another employee of the facility has access to this information, they may also complete the survey.

Disclosure: The purpose of this survey is to provide the Utah Asthma Task Force with information on asthma management in Utah child care facilities. All responses will be kept confidential. It is not required to provide any specific information as it relates to the questions. Thank you for your feedback.

For additional information about this survey or how the collected information will be used, please contact:

Cherissa Wood  
[cherissaw@utahlung.org](mailto:cherissaw@utahlung.org)  
American Lung Association of Utah  
801-484-4456



## BACKGROUND

1. How many children does your child care facility serve?

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2. What type of child care center is your facility?

☐ Regular Center

☐ Hourly Center

☐ Residential Certificate

☐ Family License

☐ Other \_\_\_\_\_

3. In what county is your facility located?

County \_\_\_\_\_

What is your zip code?

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4. What are the age ranges of the children you serve? (Check all that apply)

☐ 0-2

☐ 3-4

☐ 5-6

☐ 7-9

☐ 10+

☐ All of the above

5. Please estimate how many children in your facility have been diagnosed with asthma? (Write the estimated number in the space below.)

Number of children \_\_\_\_\_

☐ Not sure

6. How many asthma attacks have occurred in the past year at your facility? (Write the estimated number in the space below.)

Number of asthma attacks

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☐ Not sure

7. How many Emergency Department visits for asthma has your facility encountered in the last year? (Write the number in the space below.)

Number of ED visits \_\_\_\_\_

☐ Not sure

8. What is your position at the facility?

☐ Facility Director

☐ Assistant Director

☐ Teacher

☐ Other position \_\_\_\_\_

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QUESTIONNAIRE

9. What barriers do you face in caring for a child with asthma? (Check all that apply)

- ☐ Do not have medications on hand at child care center
- ☐ No one is properly trained to administer medications
- ☐ Uncertain of signs & symptoms of asthma
- ☐ Other \_\_\_\_\_

10. As a child care provider what concerns do you have about children in your facility who have asthma? (Check all that apply)

- ☐ Not sure what to do in the event of an asthma attack at your center
- ☐ How to administer medications
- ☐ Unable to reach parents
- ☐ Parents not able to get to facility in time to help child
- ☐ Other \_\_\_\_\_

11. How can parents of children with asthma better help you to understand their child's asthma? (Check all that apply)

- ☐ Inform you that their child has asthma
- ☐ Inform you of child's triggers, signs & symptoms, etc.
- ☐ Instruct you on how to administer their child's medications
- ☐ Other \_\_\_\_\_

12. Does your facility have an asthma action plan (usually provided by the parent) for each child with asthma?

- ☐ Yes
- ☐ No
- ☐ Not sure if we have an asthma action plan for each child
- ☐ Not sure what an asthma action plan is

13. Do staff and administrators know what triggers an asthma attack?

- ☐ Yes, we are very familiar with what triggers an asthma attack
- ☐ Yes, we could identify a limited number of asthma triggers
- ☐ No, we are unfamiliar with what triggers an asthma attack

14. Do staff and administrators know how to manage or eliminate specific asthma triggers at your facility?

- ☐ Yes, I feel confident in our ability to manage/eliminate triggers
- ☐ Yes, but some staff need training on how to manage/eliminate triggers
- ☐ No, we need more education on managing/eliminating asthma triggers

15. Do staff and administrators know what to do in the event of an asthma attack?

- ☐ Yes, I feel confident in our abilities to handle an asthma attack at our facility
- ☐ Yes, but some staff need training on what to do for an attack
- ☐ No, I am uncertain of staff's ability to handle an asthma attack at our facility

16. Who usually administers asthma medications to children while at the facility? (Check all that apply)

- ☐ Facility owner/office director
- ☐ Secretary
- ☐ Child's teacher
- ☐ Parent Only
- ☐ Other \_\_\_\_\_

17. Are those who administer asthma medications given instructions from parents on how to do so?

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Only parents give medicine

18. What information about asthma would be useful to you? (Check all that apply)

- ☐ Asthma checklist (a checklist identifying asthma triggers at your facility)
- ☐ Indoor air-quality guidelines for a facility
- ☐ Asthma action plan template (a tool for each child with asthma that identifies individual medications, triggers, signs and symptoms)
- ☐ Asthma basics resource guide for childcare providers
- ☐ Other \_\_\_\_\_

19. How would you like to receive asthma information?

- ☐ Staff training with asthma educator
- ☐ Asthma training basics DVD
- ☐ Online asthma basics program
- ☐ Other \_\_\_\_\_

Would you like to receive more asthma related information?

☐ Yes, here is my contact information:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

☐ No, thank you

*Thank you for filling out the survey. Please return the completed survey in the enclosed prepaid envelope to the address below:*

Utah Department of Health  
Asthma Program  
Bureau of Health Promotion  
PO Box 142106  
Salt Lake City, UT 84114-2106

